

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012141

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 1 1963

1. PLACE OF DEATH

a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Joplin

Length of stay in b.

3 days

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Johns Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

134 N. Hardesty

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First MARY ANNUNCIATA Last SIMPSON

4. DATE OF DEATH

Month March Day 25, Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-16-1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

Catholic Schools

11. BIRTHPLACE (City and state or country)

Benton, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph Simpson

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Joplin, Mo.

Sister of Mercy, St. Johns Hospital,

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ca. Breast

DUE TO (c)

7 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour s.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-24-63 to 3-25-63 and last saw him alive on 3-25-63

Death occurred at 3:25 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-28-1963

23c. NAME OF CEMETERY OR CREMATORY

St. Marys Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thornhill-Dillon Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

3-27-1963

26. REGISTRAR'S SIGNATURE

Dore Merriam

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*David Dillon*

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.